## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

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FORM D

1158401

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OMB APPROVAL

AUG 0 + 2008

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Washington, UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY **Prefix** Serial DATE RECEIVED AUG n 8 2008

					HT	EDO-	
Name of Offering ( check if this is an a	mendment and name has changed,	, an	d indicate change.)	<del>'Homson r</del> e	:UI	EKO	
Sale and issuance of Convertible Prom Notes and the underlying shares of Com				•	conv	version of the Co	nvertible Promissory
Filing Under (Check box(es) that apply):	☐ Rule 504		☐ Rule 505	■ Rule 506		Section 4(6)	ULOE
Type of Filing:	X	2	New Filing		A	mendment	
	A. BASIC	IDI	ENTIFICATION DA	ГА			
1. Enter the information requested abou	t the issuer						
Name of Issuer (☐ check if this is an ame	ndment and name has changed, an	nd i	ndicate change.)	-			
V-Enable, Inc.				_		( IPP)U BAIGI INII) BAIAL BAIA	
Address of Executive Offices	(Number and Street	t, C	ity, State, Zip Code)	Telephone Number			
10052 Mesa Ridge Court, Suite 102	San Diego, CA 92121		•	(858) 824-1888	j		
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Z	ip (	Code)	Telephone Numbe	'	080570	)96 )96
Brief Description of Business							
Provider of search and enhanced dis	rectory assistance solutions fe	eati	uring patented voic	e and text based us	ser i	nterface techno	logy.
Type of Business Organization							
☑ corporation	☐ limited partnership, already for	orm	ed	C	oth	er (please specify)	c
☐ business trust	☐ limited partnership, to be form	med	1				
Actual or Estimated Date of Incorporation	or Organization:	<u>M</u> 1		<u>ear</u> 101			
Jurisdiction of Incorporation or Organizati	on: (Enter two-letter U.S. Posta	ع ام	ancina abbassistian fa	_	l Act	ual 🗆	Estimated
Juristiction of incorporation of Organizati	CN for Canada: FN for oth			Siate.		D	E

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

### A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	<b>⊠</b> Director	General and/or Managing Partner
	name first, if individual)				
Richardson, Ar	,				
	dence Address (Number and	Street, City, State, Zin Code)			***************************************
		Blvd., Suite 450, Los Angeles,	CA 90049		
Check	Promoter	■ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or
Box(es) that		- Beneficial Owner	La Excedite Officer	La Birector	Managing Partner
Apply:					
Full Name (Last	name first, if individual)				
Sharma, Dipan	shu				
Business or Res	idence Address (Number and S	Street, City, State, Zip Code)			
c/o V-Enable, I	nc., 10052 Mesa Ridge Court	t, Suite 102, San Diego, CA 92	2121		
Check Boxes that Apply:	☐ Promoter	Beneficial Owner	☐ Executive Officer	☑ Director	☐ General and/or Managing Partner
Full Name (Last	name first, if individual)				
Murray, Steven	ı <b>J.</b>				
	dence Address (Number and S ic., 461 Fifth Avenue, 15th F				
Check Boxes	Promoter	☐ Beneficial Owner	Executive Officer	☑ Director	☐ General and/or
that Apply:					Managing Partner
Full Name (Last Woods, Emeric	name first, if individual) k				
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)			
c/o V-Enable, f	nc., 10052 Mesa Ridge Court	t, Suite 102, San Diego, CA 92	2121		
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last Jaffe, Robert N	name first, if individual)				
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)	· · · · · · · · · · · · · · · · · · ·		
c/o Sorrento As	sociates, Inc., 4370 La Jolla	Village Drive, Suite 1040, Sat	1 Diego, CA 92122		
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last	name first, if individual)				
Palisades Ventu	ires, L.P. (and related funds)	)			
	dence Address (Number and Sentures, 11726 San Vicente E	Street, City, State, Zip Code) Blvd., Suite 450, Los Angeles,	CA 90049		
Check Boxes that Apply:	Promoter	■ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
	name first, if individual) apital Technology Fund III,	L.P.			
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)	<del></del>		
	ie, 15th Floor, New York, NY	- ·			
Check	☐ Promoter	■ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
Box(es) that Apply:					Managing Partner
Full Name (Last	name first, if individual)				·
Sorrento Ventu	res III, L.P. (and related fun	ds)			
Business or Resi	dence Address (Number and S	Street, City, State, Zip Code)		····	
c/o Sorrento As	sociates, Inc., 4370 La Jolla	Village Drive, Suite 1040, Sar	Diego, CA 92122		

					В.	INFORM	ATION AB	OUT OFFE	RING				
1.	Has the iss	uer sold, or d	oes the issue	er intend to				_	under ULOE	 E.		Yes N	0 <u>X</u>
2.	What is the	minimum in	vestment th	at will be ac	ecepted from	n any indivi	dual?				,,,,,	\$	N/A
3.	Does the o	ffering permit	t joint owner	rship of a si	ngle unit?							Yes N	o <u>X</u>
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
NO	Γ APPLIC	ABLE											
Full	Name (Last	name first, it	f individual)	)									<del></del>
Bus	iness or Res	idence Addre	ss (Number	and Street.	City. State.	Zip Code)			<u> </u>				<del></del>
<b>D</b> 43		idente i idaie	oo (i vaiiibei	und Bulect,	on, state,	Elip Code,							
Nan	ne of Associ	ated Broker o	or Dealer										
		Person Listee									· <b>-</b> -		
				-									All States
ĮAL	-	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	FL	[GA]	[HI]	ID
IL		[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
IMT		INEI	INVI	[NH]	[NJ]	[NM]	[NY]	INCI	[ND]	ЮНІ	[OK]	OR	[PA]
[RI]		ISC  name first, it	[SD]	[TN]	[TX]	JUTI	[VT]	[VA]	[VA]	[WV]	[WI]	IWYI	[PR]
run	name (Lasi	name msi, n	i individual)										
Business or Residence Address (Number and Street, City, State, Zip Code)													
Nan	ne of Associ	ated Broker o	or Dealer									-	
State	es in Which	Person Lister	Has Solici	ted or Intend	ds to Solicit	Purchasers							
(Che	eck "All Sta	tes" or check	individual S	States)			•••••		•••••				All States
[AL	l	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	<b>JDEJ</b>	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]		INI	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
MT	Ί	INEI	ĮNVĮ	INHI	[NJ]	[NM]	[NY]	INCI	[ND]	[OH]	[OK]	[OR]	[PA]
RI		<b>ISCI</b>	[SD]	[TN]	[TX]	ןדטן	[VT]	ĮVAJ	[VA]	[WV]	[WI]	JWYJ	[PR]
Full	Name (Last	name first, it	f individual)										
Busi	iness or Res	idence Addre	ss (Number	and Street,	City, State,	Zip Code)							1.7
Nam	ne of Associ	ated Broker o	r Dealer	<del> </del>	•								• • • • • • • • • • • • • • • • • • • •
State	es in Which	Person Listed	d Has Solici	ted or Intend	ds to Solicit	Purchasers							
		tes" or check								***************************************			All States
AL	I	[AK]	[AZ]	[AR]	[CA]	[CO]	<b>[CT]</b>	[DE]	IDCI	[FL]	[GA]	[HI]	[ID]
IILI		[IN]	[IA]	[KS]	[KY]	[LA]	IMEI	[MD]	[MA]	MIJ	[MN]	[MS]	IMOJ
IMT		[NE]	[NV]	[NH]	[NJ]	[NM]	ĮNYJ	[NC]	INDI	[OH]	JOKJ	[OR]	[PA]
[RI]		[SC]	[SD]	[TN]	[TX]	ĮUΤJ	ĮVTĮ	ĮVAĮ	ĮVAJ	įwvį	[Wi]	ĮWYĮ	[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero ansaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already ex

1.	Enter the aggregate offering price of securities included in this offering and the total amount already transaction is an exchange offering, check this box \(\D\) and indicate in the columns below the amounts of the amounts of the columns below the columns below the amounts of the columns below the columns below the columns below the columns below the amounts of the columns below to columns below the columns below the columns below the columns		
	Type of Security	Aggregate	Amount Already
	7/6	Offering Price	Sold
	Debt	\$	\$
	Equity	\$	\$
	Common	<u> </u>	<b>—</b>
	Convertible Securities (including warrants)	¢ 4,000,000,00	¢ 2,042,432,50
		\$ <u>4,000,000.00</u>	\$ <u>3,062,422.59</u> \$
	Partnership Interests	\$	\$ \$
	Other (Specify)	\$	
	Total	\$4,000,000.00	\$ <u>3,062,422,59</u>
_	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
		Number	Aggregate
		Investors	Dollar Amount
			of Purchases
	Accredited Investors	8	\$4,000,000,00
	Non-accredited Investors	0	\$0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.		
		Type of	Dollar Amount
		Security	Sold
	Type of Offering	•	
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the		
	securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$
	Legal Fces	Œ	\$ 10,000.00
	Accounting Fees		
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (Identify) Blue sky filing fees (CA).	x	
	Total	X	

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AN	D USE OF PROCEEDS	
<ul> <li>Enter the difference between the aggregate offering price given in response to Part C - Question 1 a in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer"</li> </ul>	\$_3,989,700.00	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for elf the amount for any purpose is not known, furnish an estimate and check the box to the left of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Que	estimate. The total of the	Payment To
	Directors, & Affiliates	Others
Salaries and fees	□ s	□ s
Purchase of real estate	□ <b>\$</b>	□ s
Purchase, rental or leasing and installation of machinery and equipment	□ s	□ s
Construction or leasing of plant buildings and facilities	□ s	□ s
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	□ <b>s</b>	□ s
Repayment of indebtedness.	□ <b>\$</b>	□ s
Working capital	□ <b>\$</b>	<b>×</b> \$ 3,989,700.00
Other (specify):	□ s	□s
	□ \$	□ s
Column Totals	□ s	<u> </u>
Total Payments Listed (column totals added)	<b>■</b> \$ 3,989,7	· · · · · · · · · · · · · · · · · · ·
	+ <u></u> +	
D. FEDERAL SIGNATURE		
The issuer had duly caused this notice to be signed by the undersigned duly authorized person. If this notice an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written requenon-accredited investor pursuant to paragraph (b)(2) of Rule 502.	is filed under Rule 505, the st of its staff, the information	following signature constitutes furnished by the issuer to any
Issuer (Print or Type) V-Enable, Inc.		Date July 2, 2008
Name of Signer (Print or Type)  Emerick Woods  Chief Executive Officer		

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE						
1. Is any party described in 17 CFR 230.262 presently subject to any	of the disqualification provisions of such rule? N/A	Yes No					
See Appe	endix, Column 5, for state response.						
2. The undersigned issuer hereby undertakes to furnish to the state a such times as required by state law.	administrator of any state in which the notice is filed, a notice on l	Form D (17 CFR 239.500) at					
3. The undersigned issuer hereby undertakes to furnish to any state ac	3. The undersigned issuer hereby undertakes to furnish to any state administrators, upon written request, information furnished by the issuer to offerees.						
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. N/A							
The issuer has read this notification and knows the contents to be true person.	e and has duly caused this notice to be signed on its behalf by the	undersigned duly authorized					
Issuer (Print or Type)	Signature /////	Date					
V-Enable, Inc.	MANOO	July \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					
Name (Print or Type)	The Arint of Type)						
Emerick Woods	Chich Executive Officer						

## **END**

#### Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.